


Travel & Expense Account Transmittal Sheet

After Approval, Mail Receipts To

Alcohol & Drug Programs RF#209 1700 K Street Sacramento, CA 95814	
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Employee Name	<u>ZITO, Renee</u>
Expense Dates	<u>12/16/09-01/21/10</u>
Total Expense Amount	<u>130.90</u>
Amount Due Employee	<u>130.90</u>
Form ID	<u>TEA000562510</u>

DIRECTIONS FOR SUBMISSION

1. *Attach the following receipts, and other appropriate documentation to this Transmittal Sheet.*

Date	Expense Item	Amount	If not submitted - Explain
1) 01/20	Parking, Auto	18.00	

2. *Forward Transmittal Sheet and attached documentation through your approval process.*

TRIP EXCEPTION(S)			
	Item	Exception	Response
1)	4:1	Travel was less than 50 miles from home/HQ. Has prior written approval been granted?	Yes
2)	4:1	Travel was less than 50 miles from home/HQ. Has prior written approval been granted?	Yes
3)	4:1	Travel was less than 50 miles from home/HQ. Has prior written approval been granted?	Yes

I have reviewed the following documents.

**Travel & Expense Account
Transmittal Sheet**

Approved
by:



MICHAEL S CUNNINGHAM

Travel & Expense Account Summary

Employee Name
Expense Dates
Report Name

Rence ZITO
12/16/09-01/21/10
December Claims

Request Total \$ 130.90
Direct Charge Total - 0.00
Travel Advances - 0.00
Net Due Employee = 130.90

Trip Totals		
Trip/Expense Category	Trip Name	Total Amount
Regular Travel	AARS, Inc.	103.00
Regular Travel	Convocation	18.00
Regular Travel	CWC	5.50
Regular Travel	C-ROB	4.40

NOTE: (d)=Direct Charge

DATE	Wed Dec 16									TOTAL
Mileage, Personal Auto	4.40									4.40
TOTALS \$	4.40									4.40

DATE	Thu Dec 17									TOTAL
Mileage, Personal Auto	5.50									5.50
TOTALS \$	5.50									5.50

DATE	Wed Jan 20									TOTAL
Parking, Auto	18.00									18.00
TOTALS \$	18.00									18.00

Travel & Expense Account Summary

DATE	Thu Jan 21									TOTAL
Mileage, Personal Auto	95.00									95.00
Bridge Tolls	8.00									8.00
TOTALS \$	103.00									103.00